

## Section 10 SEPARATIONS

061000

### Resignation

061010

An employee who intends to resign from State service should notify the supervisor, preferably in writing, at least two weeks before the effective date that he/she is voluntarily separating.

An employee whose resignation is a future date may withdraw his/her resignation before that date of resignation. **If the appointing power does not wish to accept the withdrawal, the resignation will become effective upon the original date.**

When an employee separates the following documents must be completed and forwarded to ASD, Personnel Programs.

- **JUS 634'S**
- **JUS-A421 (Employees Final Time Report)**
- **EAR (Employee Action Request STD-687)**

*If an employee does not report to work or returns from a leave of absence after five (5) consecutive working days and does not submit his/her resignation this is considered absence without leave (AWOL) not a voluntary separation.*

### Retirement

061020

#### **Service (voluntary)**

061021

An employee should notify the Personnel Transactions unit in writing of his/her expected date of retirement at least three weeks in advance to expedite processing of required paper work. The Public Employees' Retirement System (PERS) will notify the department when an employee has made application for retirement and the effective date of retirement.

When an employee separates the following documents must be completed and forwarded to ASD, Personnel Programs.

- **JUS 634's**
- **JUS-1421 (Employees Final Time Report)**
- **EAR (Employee Action Request STD-687)**

### **Disability**

061021

Disability retirement is subject to Public Employees' Retirement System (PERS). PERS will notify the department of effective date of disability retirement.

When an employee separates the following documents must be completed and forwarded to ASD, Personnel Programs.

- **JUS 634's**
- **JUS- 1421 (Employees Final Time Report)**
- **EAR (Employee Action Request STD-687)**

## **Death**

**061030**

The manager of the unit where the deceased was employed is responsible for notifying ASD, Personnel Programs.

The following forms must be submitted to ASD, Personnel Programs.

- **JUS-634**
- JUS 1421 (Employees Final Time Report)

## **Termination of Temporary Authorization (TAU) or Limited - Term Appointment**

**061040**

### **TAU Appointments**

**061041**

An employee must be terminated on or before completion of nine consecutive months of employment within a 12- month period (under no circumstances can the termination date extend beyond the expiration date of his/her appointment). This nine month limitation starts with the date of the original TAU appointment, regardless of the department in which employed. A break in service of three (3) or more months (or a permanent appointment of the or more months) permits the employee to start a new nine-month TAU period.

A limited term employee may be separated at any time prior to the expiration of the term for which appointed either in writing or orally. If separated for cause, the appointing power shall give the employee, on or before the date of separation, written notice setting forth the reason(s).

**The employee has no appeal from the action of the appointing power.**

When an employee separates the following documents must be completed and forwarded to ASD, Personnel Programs.

- 634's
- JUS 1421 (Employees Final Time Report)
- EAR (Employees Action Request STD 687) Ear is recommended but not required

## **Unemployment Insurance Claim Form (DE 1101 C/Z/Rev.2 (11/95))**

**061050**

### **Purpose**

**061051**

The purpose of this section is to identify the procedures for handling an Unemployment Insurance Claim Form.

### **Claim Form**

**061052**

The Unemployment Insurance Claim Form (DE1101 C/Z Rev. 2 (11/95) see attachment) is a notice from the Employment Development Department that a claim has been filed for unemployment insurance benefits.

## **Process**

**061053**

The form is:

- processed by the claimants most recent employer's Personnel Office,
- to have sections A, B, and C completed,
- used to submit facts in the employer's possession which may affect a claimant's eligibility for benefits, see section II, Reporting Facts, for employee criteria,
- to always include the claimants social security number,
- to be resubmitted if notice is received that a later benefit year has been established,
- to be submitted within 10 days of the mail date shown on the form. Failure to return the form within the time line may result in an increased Employment Tax Rate for the department,
- to have a reason for a delay if it is mailed late.

## **Exit Clearance Procedures**

**061060**

### **Purpose**

**061061**

To ensure compliance with the State Administrative Manual (S.A.M.) Section 20003. To establish an internal system of "checks and balances" that provides an adequate system of authorization and record keeping procedures for efficient accounting control over assets and to have in place, an effective system of internal review.

### **Overview**

**061062**

The Exit Clearance Procedure has been established to ensure that all property and monies belonging to the Department of Justice are returned or collected prior to an employee's separation. New forms have been introduced that will notify Administrative Services Division (ASD) of an employee's impending separation, report current leave balances and ensure prompt recovery of property and monies owed to the department. In addition, this process will provide information to the Security Office for the recovery of ID badges, building key cards and keys and to the Legal Support Office and Technology (LSOT), Network and Technology Services (NTS), the Division of Criminal Justice Information Services/Infrastructure Support Bureau (ISB)/Desktop Services to assist in maintenance of client network and e-mail address rosters, cancellation of remote access accounts and in recovery of property loaned to the employee.

### **Procedures**

**061063**

The Exit Clearance Procedure is a three document process. When an employee separates, the following documents must be completed:

- JUS 1421, Separation Notification
- JUS 1421A, Employee Separation Document
- JUS 1421B, Employee Separation Checklist for Property Recovery

**Separation Forms****061064****JUS 1421, Separation Notification**

The JUS 1421, *Separation Notification* (Attachment A), provides advance notification to the ASD, the Security Office, LSOT/NTS and HDC/PC Support when the supervisor is first informed of an employee's impending separation. The form is a template in WordPerfect under Custom WP Templates and must be completed by the employees' attendance coordinator and/or supervisor and forwarded as an attachment in an e-mail to ASD, the Security Office, LSOT/NTS and HDC/PC Support. The e-mail address is **JUS 1421, Separation Notification**.

**JUS 1421A, Employee Separation Document**

The JUS 1421A, *Employee Separation Document* (Attachment B), reports the employee's leave balances and identified monies owed the Department as of the date of separation. This form is completed prior to the Close of Business (COB) on **the day the employee separates**. This form can be accessed in WordPerfect on the J: \Drive in the "Drop" sub-folder "Forms". The form is a "read-only" file and must be opened and saved under a different name. The completed document must be reproduced on **green** paper stock before submission to ASD/Personnel Programs.

**JUS 1421B, Employee's Separation Checklist for Property Recovery**

The JUS 1421B, *Employee's Separation Checklist for Property Recovery* (Attachment C), reports any Department property that is in the possession of the separating employee. This form must be completed prior to Close of Business on the employee's last day of work. The master document can be accessed in WordPerfect on the J: \Drive in the "Drop" folder, sub-folder "Forms". This form is a read-only file and must be opened and saved under a different name. The completed document must be reproduced on **goldenrod** paper stock before submission to ASD, Accounting Office/Travel Unit.

Questions regarding the Department's Exit Clearance policy and procedures may be directed to your program attendance coordinator.

**Department of Justice (DOJ)**  
**Separation Notification**  
**JUS 1421 (11/00)**



<b>Name:</b>	<b>ROUTING:</b> <b>Administrative Services Division (ASD)</b> <b>1300 I Street.</b> <b>Sacramento, CA 958914</b>
<b>Position Number:</b>	
<b>Division:</b>	<b>Attendance Coordinator:</b>  <b>Phone Number:</b>
<b>Unit:</b>	
<b>City:</b>	<b>Date:</b>

**DATE OF SEPARATION:** \_\_\_\_\_

**TYPE OF SEPARATION:**

\_\_\_ **Permanent**

\_\_\_ **Trans. within DOJ To:** \_\_\_\_\_

\_\_\_ **Temp. Separation** \_\_\_\_\_

\_\_\_ **Trans./other State agency To:** \_\_\_\_\_

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**TO BE COMPLETED BY PERSONNEL**

**Leave Balance Verification**

\_\_\_\_\_  
**Personnel Services Specialist Signature**

\_\_\_\_\_  
**Date**

**Department of Justice (DOJ)**  
**Employee Separation Document**  
**JUS 1421A (11/00)**

**Attachment B**



**NOTE: THIS FORM IS TO BE COMPLETED PRIOR TO CLOSE OF BUSINESS  
ON THE EMPLOYEE'S LAST DAY**

**TO BE COMPLETED BY ATTENDANCE COORDINATOR**

Name:									
SSN:									
Position Number:									
Division:									
Unit:									
City/Office:									
<b>DATE OF SEPARATION/TRANSFER:</b>									
<b>TYPE OF SEPARATION</b>									
<input type="checkbox"/> Permanent					<input type="checkbox"/> Temporary (type of separation):				
<input type="checkbox"/> Transfer to another DOJ Program:					<input type="checkbox"/> Transfer to another State Agency:				
<b>BALANCES AS OF DATE OF SEPARATION (DO NOT give credit for month of separation)</b>									
Sick Leave		Vac/AL		PLP		CTO		PH	
Excess Hrs		Holiday Credit		Other		Other		Other	
<div style="border-bottom: 1px solid black; width: 100%;"></div> Attendance Coordinator <span style="float: right;">Date</span>					<div style="border-bottom: 1px solid black; width: 100%;"></div> Supervisor <span style="float: right;">Date</span>				

**TO BE COMPLETED BY PERSONNEL PROGRAMS**

<div style="border-bottom: 1px solid black; width: 100%;"></div> Personnel Services Specialist <span style="float: right;">Date</span>	<div style="border-bottom: 1px solid black; width: 100%;"></div> Personnel Services Supervisor <span style="float: right;">Date</span>
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**TO BE COMPLETED BY ACCOUNTING**

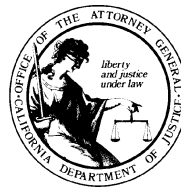
	H	Amount	Verification		H	Amount	Verification
Revolving Fund				Travel			
Relocation				Jury Duty			
NSF				Account Receivable			

**ROUTING: Administrative Services Division/Personnel Programs**

CC: Official Personnel Folder

**Department of Justice (DOJ)**  
**Employee Separation Checklist for Property Recovery**  
**JUS 1421B (11/00)**

**Attachment C**



**NOTE: THIS FORM IS TO BE COMPLETED PRIOR TO CLOSE OF BUSINESS  
ON THE EMPLOYEE'S LAST DAY**

**TO BE COMPLETED BY THE ATTENDANCE COORDINATOR**

Employee Name:	
Position Number:	
Date of Separation:	
Accounting Information System Logon (AIS):	

**(1) TO BE COMPLETED BY SUPERVISOR    (2) TO BE COMPLETED BY APPROPRIATE UNIT**

ACCOUNTING OFFICE	Verification			ACCOUNTING OFFICE	Verification		
	X or N/A (1)	Sup Init. (1)	Accounting Init. (2)		X or N/A (1)	Sup. Init. (1)	Accounting Init. (2)
<b>Credit Cards</b>				<b>Misc</b>			
f American Express				f Petty Cash Custodian			
f Voyager				f Revolving Fund Custodian			
f DGS				f Transit Pass Coordinator			
f Misc. Gasoline				f Other			
f Other				f Other			
f Other				f Other			
f Other				f Other			
<b>Legal Time Reporting System Time Sheets (LTRS)</b>				<b>Signature Authorizations</b>			
				f Revolving Fund check			
<b>Computer Access/Accounting Information System (AIS)</b>				f Other			
				f Other			

**Continue on Reverse Side**



## Employee Separation Checklist for Property Recovery

JUS 1421(B) Page 2

**ROUTING: Administrative Services Division**  
**Accounting Office/Travel Unit**

CC: Official Personnel Folder

**(1) TO BE COMPLETED BY SUPERVISOR    (2) TO BE COMPLETED BY APPROPRIATE UNIT**

TELECOMMUNICATIONS	Verification			PURCHASING	Verification		
	X or N/A (1)	Sup Init. (1)	Telecommunications Init. (2)		X or N/A (1)	Sup Init. (1)	Purchasing Init. (2)
Cell Phone				Cal Card			
Telephone Credit Card				Signature Card			
Other				Other			
Other				Other			

**TO BE COMPLETED BY SUPERVISOR**

SECURITY	Verification		
	X or N/A	Sup Init.	Comments from Supervisor pertaining to the recovering of property
ID Badges			
Building Key Card			
Building Keys			
Other			
Other			

NETWORK & TECHNOLOGY SERVICES (NTS)	Verification		
	X or N/A	Sup Init.	Comments from Supervisor pertaining to the recovering of property
Remote Access			
Lap top computers			
Other			
Other			
Other			

\_\_\_\_\_  
Employee's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Supervisor's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Phone Number

Telephone:

THIS NOTICE WAS MAILED TO THE EMPLOYER/ADDRESS LISTED BELOW ON:

New Claim:

Additional Claim:

**IMPORTANT: NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED**

This is a notice that a claim for unemployment insurance benefits has been filed. Forward it immediately to persons within your organization who are responsible for handling claims. **The time limit for replying is 10 days from the mail date shown above. Failure to respond may result in an increased Employment Tax Rate.**

The claimant provided us with the following information and listed you as his/her last employer:

Claimant's Name

Social Security Number

Effective Date of Claim:

Last Date Worked:

Reason for Separation:

**I. EXPLANATION AND INSTRUCTIONS FOR EMPLOYERS**

You have received this form because the individual shown above has filed a claim for unemployment insurance benefits and has listed you as his/her most recent employer prior to filing this claim. **No reply is required if the claimant was laid off due to lack of work and no other eligibility issue has been identified.** For detailed information on employer responsibilities in the unemployment insurance program, our DE 44, California Employer's Guide, is available upon request.

**II. REPORTING FACTS - Respond in writing by completing Sections A, B, C on the reverse of this form.**

**The law requires an employer to submit any facts in his/her possession which may affect a claimant's eligibility for benefits. Furnish Information if this claimant:**

- Voluntarily quit
- Was discharged or fired for reasons other than lack of work.
- Left work because of a trade dispute.
- Is receiving a pension based on his/her prior work.
- Is working on a full-time basis, or has earnings payable over \$25.99, covering any time on or after the effective date of this claim as shown on the reverse side of this form.
- Is not able to work, available for, or seeking work.
- Has refused employment.
- Is not legally entitled to work in the U.S.
- Performed services as a sports or athletic participant and has reasonable assurance of performing such services in the next season.
- Made false statements or withheld material information in filing for benefits.
- If you are a school employer, also furnish information if the claimant has a contract for or reasonable assurance of returning to work.

**Important:** Make your response as complete as possible; these facts will be used in determining the claimant's eligibility.

A Department representative may contact you for further eligibility information before the 10 day reply date.

**III. TIME LIMITS FOR REPLYING**

**Submit facts in writing to the field office shown at the top of this form within 10 days of the mail date shown above.** If your mailing is late, explain your reasons for delay as the time limit may be extended only for good cause. You may reply on this form in the space provided in Section IV, on additional sheets as needed, or by separate letter. **Always** include your **State Employer Account Number** and include the claimant's Social Security Number as it appears on the claim and in your payroll records.

If you submit facts in a timely manner, a determination will be issued concerning the claimant's eligibility. In addition, if facts are submitted regarding a quit or discharge, a ruling will be issued advising an employer with a reserve account as to whether his/her account will be subject to changes resulting from benefits paid. To obtain a ruling on any prior quit or discharge involving this claimant, you must furnish facts within 10 days of the mail date shown above.

**EXCEPTION:** You will NOT receive a determination and/or ruling in response to your submission of eligibility information if the claimant does not certify for a compensable week in the benefit year of this claim. There can be no charges to your account if no benefits are claimed. The determination and/or ruling is deferred until such time as benefits are claimed. If you receive notice (DE 1101C, DE 1101C/Z/, or DE 1545) that a later benefit year has been established, you must resubmit any facts you now furnish to be entitled to a determination and/or ruling based on such facts.

**ADDITIONAL INFORMATION ON EMPLOYER RESPONSIBILITIES IS SHOWN ON THE REVERSE**

Mail your response to the EDD office shown in the above upper left-hand corner.

IV. REPORTING ELIGIBILITY INFORMATION: Do not return this form unless Sections A or B are completed. It is necessary to complete Section C for all responses.

A. REPORTING FACTS:

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Claimant Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (from your payroll records) Date Last Worked was: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Month Day Year)

B. OTHER COMPENSATION:

Complete the following if you paid or will pay any compensation, aside from regular salary, covering any time on or after the effective date of this claim. No entry is required if the claimant has been separated from your employ for any indefinite period and has or will receive only vacation pay.

Amount \$ \_\_\_\_\_ Type of Payment \_\_\_\_\_ for period from \_\_\_\_\_ through \_\_\_\_\_

C. EMPLOYER CERTIFICATION: THE ABOVE STATEMENTS WERE TAKEN FROM BUSINESS RECORDS OR ARE BASED ON KNOWLEDGE OF THE UNDERSIGNED.

PRINT name of person to contact for further information:

Name of contact: \_\_\_\_\_ Telephone No. ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_

Employer \_\_\_\_\_ Date: \_\_\_\_\_

STATE EMPLOYER

ACCOUNT NO.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signed By: \_\_\_\_\_

V. ELIGIBILITY DETERMINATION

It may be necessary to contact you by telephone or letter for eligibility information if an issue is identified by the field office. Regardless of whether such contact is made however, **unless you respond to the notice by mail as described in this notice, you will not be entitled to a written notice of the Department's decision.**

IMPORTANT:

- If, in the future, you obtain facts which may affect the claimant's eligibility, you should submit such facts in writing within **10 days** of the date you acquire the information.
- Section 1142 of the UI Code provides for the assessment of cash penalties against an employer who willfully makes a false statement or willfully fails to report a material fact regarding the termination of a claimant's employment.
- Section 2101 of the UI Code provides that it is a misdemeanor to willfully make a false statement or knowingly fail to disclose a material fact to obtain, increase, reduce, or defeat any payment of benefits.

PLEASE MAIL YOUR RESPONSE TO THE EDD OFFICE AND ADDRESS SHOWN IN THE UPPER RIGHT-HAND CORNER ON THE REVERSE SIDE OF THIS FORM.